

| CLAIMS ONLY | | | | | | SERIAL NO. 09715000 | FILING DATE 01-31-01 | | | | | |
|--------------|----------|------|------------------------|------|------------------------|------------------------|-------------------------|-----------|-----------|-----------|-----------|-----------|
| | | | | | | CLAIMS | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | * IND. | * DEP. | * IND. | * DEP. | * IND. | * DEP. |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | | | | | |
| 1 | 1 | | | | | | 51 | | | | | |
| 2 | | 1 | | | | | 52 | | | | | |
| 3 | | 1 | | | | | 53 | | | | | |
| 4 | | 1 | | | | | 54 | | | | | |
| 5 | | 1 | | | | | 55 | | | | | |
| 6 | | 1 | | | | | 56 | | | | | |
| 7 | | 1 | | | | | 57 | | | | | |
| 8 | 1 | | | | | | 58 | | | | | |
| 9 | | 1 | | | | | 59 | | | | | |
| 10 | | 1 | | | | | 60 | | | | | |
| 11 | | 1 | | | | | 61 | | | | | |
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| TOTAL IND. | 2 | | | | | | TOTAL IND. | | | | | |
| TOTAL DEP. | 9 | | | | | | TOTAL DEP. | | | | | |
| TOTAL CLAIMS | 11 | | | | | | TOTAL CLAIMS | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| TOTAL IND. | 2 | | | | | |
| TOTAL DEP. | 9 | | | | | |
| TOTAL CLAIMS | 11 | | | | | |

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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

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